

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/030966**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		2		
4	/		/			
5	/		/			
6		/		/		
7		0		/		
8		0		/		
9		0		4		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
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25		0		/		
26		0		/		
27		0		/		
28		0		/		
29		0		/		
30		0		2		
31		0		/		
32		0		/		
33		0		/		
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TOTAL IND.			7			
TOTAL DEP.			38			
TOTAL CLAIMS			45			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS